

EDMOND TOWN HALL
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DENISE HAMES C.C.M.A.
ASSESSOR

TOWN OF NEWTOWN
OFFICE OF THE ASSESSOR

**EXEMPTION
APPLICATION FOR HANDICAPPED EQUIPPED VEHICLES**

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

NAME IN WHICH VEHICLE IS REGISTERED: _____
(Attach copy of current registration)

NAME OF PERSON WITH DISABILITY: _____

YEAR _____ MAKE _____ MODEL _____ ID# _____

TYPE OF MODIFICATION, EQUIPMENT _____
(Attach copy of receipts for modifications or original bill of sale showing
equipped at time of purchase) Vehicle shall be defined as substantially
modified or equipped.

FOR ASSESSORS USE ONLY

APPROVED BY: _____ DATE: _____

GRAND LIST APPLIED TO: _____